



**ONE TEAM,
ONE GOAL,
ONE MISSION**

Application for a Electrical Permit

Development Services

6051 Old Bagdad Highway, Suite 202

Milton, FL 32583

Phone: 850-981-7000

www.santarosa.fl.gov

Division of Community Planning, Zoning and Development

Fax: 850-983-9874

Building Inspection and Code Compliance

Fax: 850-623-1208



Revised May 2012

2007 Florida Statutes, 713.135(6) Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

Time limitation of application: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the day of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

Conditions of Permit: Every permit issued shall become invalid unless the work authorized by such permit is commenced within six (6) months after its issuance or if the work authorized by such permit is suspended or abandoned for a period of six (6) months after the time the work is commenced. Work shall be considered to be in active progress when the permit has received an **approved** inspection within 180 days.

“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.”

Property Information

Property Owner: _____ Job Address: _____
 Parcel Number: _____ City: _____ Zip: _____
 Owner Phone Number: _____ Owner E-mail: _____
 Mailing Address for Property Owner: _____
 City: _____ State: _____ Zip: _____
 Driving Directions to Site From Public Service Complex (6051 Old Bagdad Hwy, Milton):

Job Information

<input type="checkbox"/> Commercial or <input type="checkbox"/> Residential <input type="checkbox"/> New or <input type="checkbox"/> Existing <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Change-out <input type="checkbox"/> Cold Service Cost of Construction: \$ _____ Service Size: _____ Amps Project #: _____	<input type="checkbox"/> Single Family **Please complete low voltage section if you are doing low voltage also. <input type="checkbox"/> Mobile Home <input type="checkbox"/> Commercial Building <input type="checkbox"/> Temporary Service Pole <input type="checkbox"/> Condo/Apt/Multi Family <input type="checkbox"/> Lift Station <input type="checkbox"/> DCA Modular Building <input type="checkbox"/> Generator (1 Inspection) <input type="checkbox"/> Accessory Building	<input type="checkbox"/> Generator (2 Inspections) <input type="checkbox"/> Pump/ Well <input type="checkbox"/> Night Light (Security) <input type="checkbox"/> Camper/RV <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Fence <input type="checkbox"/> Slick <input type="checkbox"/> Outlet/Circuit <input type="checkbox"/> Solar	Low Voltage <input type="checkbox"/> Data <input type="checkbox"/> Phone <input type="checkbox"/> Security <input type="checkbox"/> Video <input type="checkbox"/> Sound
Power Company <input type="checkbox"/> Chelco <input type="checkbox"/> EREC <input type="checkbox"/> Gulf Power			

ELECTRICAL

Contractor

Applicant: _____ Contractor State Registration#: _____
 Company Name: _____ Mailing Address: _____
 Phone #: _____ City: _____ State: _____
 Fax #: _____ Zip: _____
 Email Address: _____ Signature of Qualifier: _____

By signing you acknowledge the Conditions and Limitations on the reverse side.

If you are an owner who would like to pull your own permit please fill out the Owner/Building Disclosure form.

For Office Use

Permit # _____ Application #: _____ Issued Date: _____
 Zoning Classification: _____ Accepted By: _____
 Approved By: _____ Written By: _____